

**Spencer County Health Department**  
**200 Main Street, Room 2**  
**Rockport, IN 47635**  
**Telephone: 812-649-4441**  
**Fax: 812-649-6047**

**NON-PROFIT ORGANIZATION 201\_**

Non-Profit Organization Name: \_\_\_\_\_

Address of Organization:

Street/P.O. Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

\_\_\_\_\_

Phone number of Contact Person(s): (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Non-profit organization tax exempt number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_